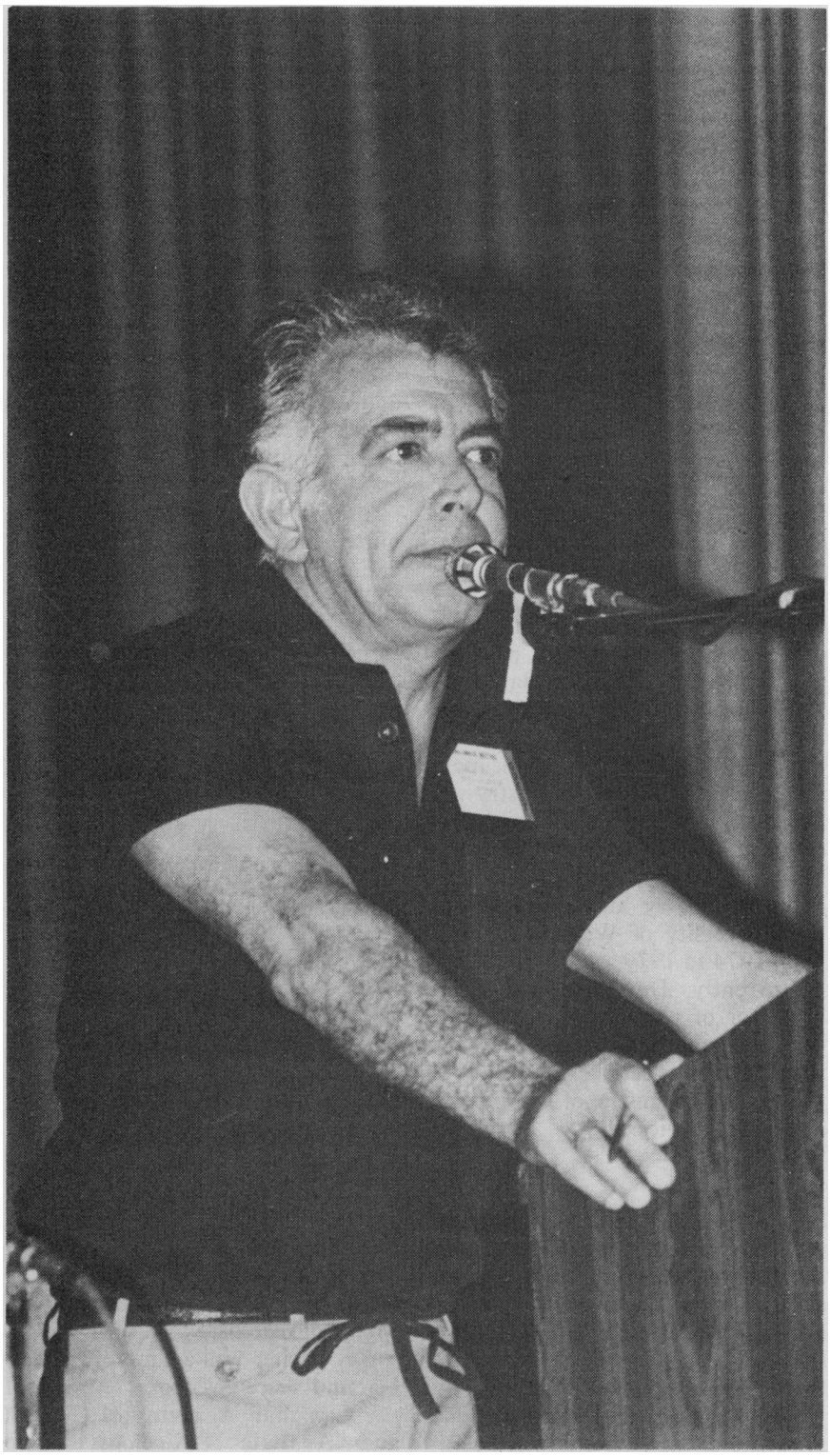
Interview

Ben Trevino: medicine's rain-maker from the West

He has been described as a "rain-maker, the water-walker from the West and the best bloody labour relations lawyer in the country". He is Ben Trevino, the man currently representing the Ontario Medical Association in its fee negotiations with the province of Ontario. Trevino is also the man who won a 40% wage settlement for doctors in British Columbia, and a 20% increase for Saskatchewan physicians. He was born in Texas, graduated from the University of British Columbia law school in 1959 and now practises law in Vancouver.

In this interview with writer Evelyne Michaels, Trevino talked to *CMAJ* about Ontario doctors' current fee dispute, the future of medicare in Canada and how doctors must help themselves to better help their patients.



CMAJ: Do you think doctors in Ontario have public support in their demand for more money?

Trevino: Yes, I think the public generally likes its doctors. I think they want doctors to earn more money because the public perception is that doctors work very hard. I think that doctors can't take that for granted, though. They have to tell their story to the public as clearly and bluntly as possible in terms of how they earn their income . . . I understand a study was done in Ontario, and the public perception was that the average general practitioner's overhead was $11 000 a year, and the average specialist's overhead was $17 000 a year. When the public understands those figures aren't real, their sympathy for their doctors will increase.

CMAJ: But isn't there a lack of sympathy for doctors who are really very high wage-earners, at least compared to the average Canadian who earns much less?

Trevino: Yes, that's a problem . . .

There's no denying that doctors are high income-earners relative to the rest of society. I think the working man may initially be somewhat jealous of those income statistics, particularly the ones the government puts out which are usually gross and not net. However, I think when the facts are properly explained, most workers will understand, especially those in trade unions who are familiar with job evaluation systems which reward employees who take longer to obtain their skills and reflect factors like job stress and responsibility. Doctors, by any proper standard of evaluation, should be at the top of the scale.

CMAJ: You sometimes refer to the "relative-to-me" syndrome. What's that?

Trevino: It's my own shorthand for trying to convey a public attitude toward doctors that's perfectly understandable: "Relative to me, the doctor is better off, and why should he be better off?" I think this is a knee-jerk reaction and very simplistic, and if the people who uttered it thought about it, they would realize there's every reason why doctors do better than most people . . . I think the government consciously plays up doctors' incomes by using gross rather than net figures to feed this syndrome. I think the public would relate more easily to prices than earnings. The shape of the doctors' argument is going to have to focus on the procedures that people encounter in the doctors' offices — Pap smears, physical examinations — and then they'll understand how little the doctors are paid for these procedures.

CMAJ: Do you think that doctors are particularly sensitive to their public image and that may be hindering them a bit?

Trevino: I think so, yes. They're very concerned about engendering any distrust or discontent or anger from their patients. But I think doctors in that respect are their own worst enemies. I think there's a huge residue of goodwill and trust, and a discussion of the value of the doctor's procedures can do a lot to help the patient understand the doctor's problem without much risk of alienation.

CMAJ: Who is your biggest enemy in the current fee negotiations? Is it

the Ontario government, Ottawa or the economy in general?

Trevino: All of them, really. It shouldn't be adversarial. It's unfortunate that it is. The fact is that the delivery of health care is legally and constitutionally a provincial responsibility. Yes, there are federal monies involved and it becomes an issue when the federal government wants to tie strings to that contribution. But that has to be a discussion, really, between the province and the feds. The concern of any provincial medical association must be with the provincial government which has elected to provide first-dollar coverage for health care of every kind to a population that is increasingly health-oriented. The bill for it has to go up.

CMAJ: But isn't this a rough time economically to try to sell that notion?

Trevino: Okay. I think before a provincial government can comfortably take that position as the Ontario government has, the question has to be asked — and answered — where were you when the times were good? Because doctors went without increases in the period when they were asked to by government for fear of inflation. Now they did without the increase, and the rest of society said, "We're going to get our share". Doctors have been behind ever since. I think doctors have every right to feel there's a large IOU out that they now have to collect.

CMAJ: You've developed a rather high profile as a result of the settlements you won in British Columbia and Saskatchewan. Do you think that image will affect your negotiations in Ontario? Are they gunning for you?

Trevino: I think the profile — which is certainly not of my own choosing — may have been counterproductive initially. Until people know me they have no measurement other than the profile. I have a concern that the government might have steeled itself for this so-called "hotshot", and instead of discussing things openly and rationally at the bargaining table, they were too locked in to a mindset they had before I even arrived.

CMAJ: Do you believe that socialized medicine is an experiment that's failed in Canada — or at least gone as far as it can go?

Trevino: First, I don't think that we in Canada are as fully into socialized medicine as, say, the British. But if you look at medicare as certain provinces in Canada have it, I think it's not so much failed as a concept but failed due to underfunding. The quality of care is certainly deteriorating, not just in terms of doctors' services, but hospital services as well.

CMAJ: What about the high overhead costs that doctors say eat into their earnings — by as much as 50%? Are the trappings of medical practices becoming too fancy for the system?

Trevino: Actually, 50% is not an unusual ratio of overhead costs for many professions. My own office costs are running at about 60%. We have two components here: first, equipment. I don't think any professional doctor wants to work with out-dated equipment and patients expect their doctors to be up to date, not just with the current medical literature, but in their equipment. But I expect the major component of office expenses is staff costs . . . employees expect competitive wages, and that's expensive.

CMAJ: Do you think non-participation in the provincial health insurance system is a solution for doctors who are unhappy with the current system?

Trevino: I think that depends on each individual doctor's philosophy and environment. There are some doctors who argue they couldn't survive economically outside the system. Some, especially in Ontario, have never been in the system or have opted out. If they can do it, great, but they can't avoid certain problems such as the effects on their patients and their own economic welfare . . . The next step here is one that frankly I fear. Now I wouldn't want to be perceived as one who helped dismantle the system, but if that system can't support itself, then I feel doctors must look at some way of injecting non-government funds into the system, by getting their patients to participate. One way is opting out and charging their patients the difference. Another solution, which seems more palatable, would be for the government to reduce its legal monopoly on medical coverage and allow competition in the form of private insurance plans.

CMAJ: Should doctors have the same right to strike as other groups?

Trevino: To your question I would have to say yes, but let me emphasize there's a difference between the *right* to strike and the *exercising* of that right. I don't think I could ever counsel doctors to withhold their services totally, including emergency care . . . My own sense of it is that doctors will have to become much more angry than they are to consider a full strike as a remote possibility. ■

CMAJ retrospect

"You will note that each province is seeking a solution on its own and one hears constantly that this must be a provincial affair because the British North America Act so states or implies that it is a provincial right. It is true that the British North America Act is a great charter, but it was enacted in 1867, approximately seventy-five years ago and 'much water has run under the bridge' since that time."

—*CMAJ*, May 1942